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DE USUAL OCCUPATION (Circulated a row)  and publish mands of symbols life, went if redwo)  and publish mands of symbols life, went if redwo)  B. ALTHER'S NAME  JECOB GARTISON  SAPA HUPSt  S. WAS DECEASED EVER IN U.S. ARMED FORCESI  TO MANDE GRAPH TO SENTING OR NAME  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  I.D. SECULATION  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  I.D. SECULATION  WINETAM DATE OR NAME  ANTECEDENT CAUSES  MATCHINE TO THE MINISTRY OR CONDITION  DUE TO (b)  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH  I.D. SEASE OR CONDITION  WINETAM DATE OR THE MINISTRY OR CONDITION  DUE TO (c)  MEDICAL CERTIFICATION  I.D. SEASE OR CONDITION  WINETAM DATE OR THE MINISTRY OR CONDITION  DUE TO (b)  MEDICAL CERTIFICATION  I.D. SEASE OR CONDITION  CONDITION  WINETAM DATE OR THE MINISTRY OR CONDITION  DUE TO (c)  MEDICAL CERTIFICATION  I.D. SEASE OR CONDITION  DUE TO (b)  MEDICAL CERTIFICATION  I.D. SEASE OR CONDITION  CONDITION  MEDICAL CERTIFICATION  I.D. SEASE OR CONDITION  OR ARTHOR WINETAM DATE  I.D. SOLUTION  MINISTRY MEMBER  I.D. SOLUTION  I.D. SOLUTION  I.D. SOLUTION  I.D. SOLUTION	5, SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARR	IED, 8. DATE OF BIRTH	9, AGE (In years 17 UN Jest birthday) Mont	DER : YEAR   IF DICHER IS HE had Days   Hours   Mi
DUSTRY MISSOUP!  3a. FATHER'S NAME  Jacob Garrison  Sara Hurst  Sara Hurst  Jacob Garrison  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  ANTECEDENT CAUSES  Morbide conditions, ty only giving DUE TO (b)  This does not mean the date and find the date stated of the debter cause of a state of the debter cause of a state of the debter cause of the debter cause in the mote of daying, or compilion on which caused death.  Conditions contributing to the death but not recomb the mote of bed detated or countries of the debter causeing death.  John Alor Finding cause last.  July Andrew Garrison  John Alor Finding Course last.  July Andrew Garrison  July Andrew Garris	Female	White	Widowed		71   81	
Jacob Garrison  Sara Hurst  Was deceased ever in u.s. armed forces?  Ura Gann, Sparta Rt#1, Missouri Ura Gann, Sparta Rt#1, Missouri Instead on the content of deceased ever in the force of decing, such as heart failure, astheria, the mode of decing, such as heart failure, astheria, the mode of decing, such as heart failure, astheria, the mode of decing, such as heart failure, astheria, the mode of decing, such as heart failure, astheria, the mode of decing, such as heart failure, astheria, the mode of decing, such as heart failure, astheria, the mode of decing, such as heart failure, astheria, the mode of decing, such as heart failure, astheria, the mode of decing, such as heart failure, astheria, the mode of decing, such as heart failure, astheria, the mode of decing of the underlying course last. 19  DUE TO (a)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the dead but not related to the disease or condition auxing death.  20. AUTOPSYT YES NO  NO.  William (Board)  Was deceased for the deceased from the decease	10a. USUAL OCCUPA doma during most of wy HOUSEW]	TION (Give kind of work prking life, even if retired)	10b. KIND OF BUSINESS O	ISTRY ! (CI.	y and State or Foreign Country)	12. CITIZEN OF WH COUNTRY? U.S.A.
S. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL SECURITY NO. Ura Gann, Sparta Rt#1, Missouri Ura Gann, Missouri Ura Ganna Registan Regista	3a. FATHER'S NA	ME	136. MOTHER'S	AIDEN NAME	14. NAME OF HUSBAND OR Y	ILFE
NO. Ura Gann, Sparta Rt#1, Missouri  R. CAUSE OF DEATH Inter only one double per library of the double of to (b), (b), and (c)  "This does not mean the mote of dring, such a theat fallenge of the underlying cause last." 23 DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  12. ACCIDENT ADDRESS OR CONDITION DUE TO (c)  13. ACCIDENT CAUSES  14. ACCIDENT ADDRESS OR CONDITION DUE TO (c)  15. OTHER SIGNIFICANT CONDITIONS  16. ACCIDENT ADDRESS OR CONDITION DUE TO (c)  16. ACCIDENT ADDRESS OR CONDITION DUE TO (c)  17. OTHER SIGNIFICANT CONDITIONS  18. ACCIDENT BUILDING OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF OPERATION  10. THEE Month Day (Feet) Bloom, farm, factory, street, office bidg., no.)  10. THEE Month Day (Feet) Bloom, farm, factory, street, office bidg., no.)  10. THEE MONTH AT THE MONTH BLOOM BLOOM BLOOM, farm, farm, for the causes and on the date stated above.  21. I hereby certify that I altended the deceased from Gas alive on QC 1 19. And that death occurred at 1.3 Am., from the causes and on the date stated above.  22. DATE SIGN ATURE  (Degree of title) 23b. ADDRESS  AS. BURIAL CREMA*  24c. NAME OF CEMETERY OR CREMBYORY  25. FUNERAL CIRCLET'S SIGNATURE  AS. BURIAL CREMA*  26. DATE  27. FUNERAL CIRCLET'S SIGNATURE  ADDRESS	Jacob Ga	arrison -	Sara H		<u> </u>	
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2. I hereby certify that I attended the deceased from Green 1, 1951, to BCL, 1951, that I last saw the deceased alive on a 1, 1951, and that death occurred at 132 m., from the causes and on the date stated above.  3a. SIGNATURE  (Degree of title)  23b. ADDRESS  23c. DATE SIGN  AS. BURIAL, CREMA  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  35tate  25th One County  25th O		•		ILE		
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12/30/58 Thomas Quenton P. B. Chuthin Ozark in					TOR'S SIGNATURE	
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STATEMENT	₿Y	LICENSED	EMBALME

I hereby certify that the body whose name is recorded on the	e reverse side of this certificate was embalmed by me, or by	
		***************************************
working under my personal supervision.		*
StudentStudent Embalmer	Signed J. B. Chaffin Licensed Embalmer No. 2122	
Note: The above MUST BE SIGNED BY THE LICENS	P. O. Address 30015.  SED EMBALMER in his OWN HANDWRITTING. (Failure to con	200

If this body is not embalmed, fact should be so stated above.

the above constitutes grounds for revocation of license.)